

PLAINTIFF/PETITIONER/MOVANT'S NAME

TOMERLO MARIONE
PRISON NUMBER

V63284

PLACE OF CONFINEMENT

MULE CREEK STATE PRISON

ADDRESS

P.O. BOX 409020
DOWIE, CA 95640United States District Court
Southern District of California

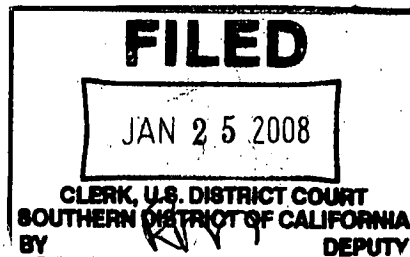
TOMERLO MARIONE

Plaintiff/Petitioner/Movant

v.

ROSEANNE CAMPBELL

Defendant/Respondent



2254	✓	1983
FILING FEE PAID		
Yes	✓	No
IFP MOTION FILED		
Yes	✓	No
COPIES SENT TO		
Court	✓	ProSe

'08 CV 0159 IEG CAB

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, TOMERLO MARIONE

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution?

☒ Yes ☐ No

Do you receive any payment from the institution?

☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☒ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?:

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value.

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

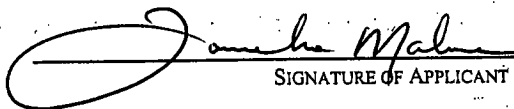
N/A

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

N/A

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE


SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant TOMERKO MARION
(NAME OF INMATE)

V63284
(INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at

Mule Creek State Prison
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities 0

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the **past six months** the applicant's *average monthly balance* was \$ 0

and the *average monthly deposits* to the applicant's account was \$ 0

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

1/17/08
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

A. Bonds CCI
OFFICER'S FULL NAME (PRINTED)

Correctional Counselor
OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

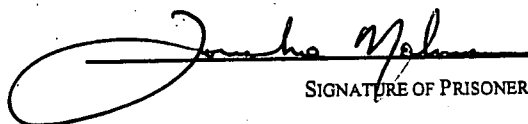
(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, _____, request and authorize the agency holding me in
 (Name of Prisoner/ CDC No.)
 custody to prepare for the Clerk of the United States District Court for the Southern District of California, a
 certified copy of the statement for the past six months of my trust fund account (or institutional equivalent)
 activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my
 trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to
 this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-
 10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California,
 and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which
 I am obligated is either ☐ \$150 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also
 understand that this fee will be debited from my account regardless of the outcome of this action. This
 authorization shall apply to any other agency into whose custody I may be transferred.

DATE 1-20-07


 SIGNATURE OF PRISONER

CALIFORNIA DEPARTMENT OF CORRECTIONS

MULE CREEK STATE PRISON

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUN. 01, 2007 THRU DEC. 07, 2007

ACCOUNT NUMBER : V63284

ACCOUNT NAME : MALONE, TOMERO CAROHEZ

PRIVILEGE GROUP: A

BED/CELL NUMBER: A GY00000000125L

ACCOUNT TYPE: J

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
06/01/2007		BEGINNING BALANCE					0.00
08/20	DB34	EFT DEPOSIT 0 WU	0643		67.50		67.50
08/20	FC01	DRAW-FAC-1	3/AYD 0652			25.00	42.50
08/21	W536	COPAY CHARGE	COPAY 0666			5.00	37.50
08/29	W215	FEDERAL FILIN	FFF 769			13.50	24.00
08/29	W215	FEDERAL FILIN	FFF 769			13.50	10.50
09/05	D201	FAMILY VISIT	FV 0810		88.10		98.60
09/07	W502	POSTAGE CHARG	0830 0869			9.66	88.94
09/13	W415	CASH WITHDRAW	FVCARD 953 174814579			88.10	0.84
10/11	W516	LEGAL COPY CR	1010 1323			0.50	0.34
11/19	W516	LEGAL COPY CR	1018 1891			0.34	0.00

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
09/27/2007	H110	COPIES HOLD	0925 1139	29.40
11/13/2007	H114	COPAY FEE, MED.	COPAY 1791	5.00
11/28/2007	H118	LEGAL COPIES HOLD	1127 1982	43.60
11/28/2007	H118	LEGAL COPIES HOLD	1127 1982	1.70
12/06/2007	H118	LEGAL COPIES HOLD	1204 2103	0.20
12/06/2007	H118	LEGAL COPIES HOLD	1128 2103	0.50

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/25/03

COUNTY CODE: SD

CASE NUMBER: SCD171069

FINE AMOUNT: \$ 2,200.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
06/01/2007		BEGINNING BALANCE		2,076.50

REPORT ID: 153030-701

REPORT DATE: 12/07/07

PAGE NO: 2

MULE CREEK STATE PRISON
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUN 01, 2007 THRU DEC 07, 2007

ACCT: V63284

ACCT NAME: MALONE, TOMERO CARCHEZ

ACCT TYPE: 1

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/25/03

JUNTY CODE: SD

CASE NUMBER: SC0171069

FINE AMOUNT: \$ 2,200.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT	BALANCE
06/07	DR34	REST. FEE DEPOSIT	75.00	0.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	155.60	155.60	0.00	80.50	0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE
ATTEST: 12-7-07
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY: J. K. [Signature]
TRUST OFFICE

CURRENT
AVAILABLE
BALANCE

80.50

CALIFORNIA DEPARTMENT OF CORRECTIONS
ITAS TRUST ACCOUNT DISPLAY

ACCOUNT INFORMATION SPECIAL ITEMS

ACCOUNT NUMBER: V63284

ACCOUNT NAME: MALONE TOMERO CARCHEZ

ACCOUNT TYPE: I

CURRENT BALANCE: 0.00

HOLD BALANCE: 80.50

ENCUM BALANCE: 0.00

AVAILABLE: 80.50

PRIVILEGE GROUP: A

LAST CANTEN: 08/20/2007

RESTITUTION FINES: 08402A

CASE NUMBER: DATE SENTENCED: COUNTY CODE: FINE AMOUNT: BALANCE: STATUS:

SCD174069 07/25/2003 SD 2,200.00 2,001.50 C

SCN160814 01/10/2005 SD 200.00 200.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
ATTEST: 12-7-07
BY: [Signature]
CALIFORNIA DEPARTMENT OF CORRECTIONS
TRUST OFFICE

TO VIEW REST XACTS, PLACE AN 'X' NEXT TO CASE #, AND PRESS '1'

REST ACCOUNT DISPLAY
XACTS DISPLAY
HOLDS NEW ACCT CORREC MENU